

S. No. 2  
OM-5-43  
v. 5-17-39  
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#38480  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 24 1945  
318

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 4988  
Registrar's No. 1285

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
St. Louis City Hospital #1.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County 17  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2312 So. 10th  
(If rural, give location) 23  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Carolyn Whitmore  
(b) If veteran, name war \_\_\_\_\_ (c) Social Security No. \_\_\_\_\_

4. Sex Fem 1 5. Color or race W 6. (a) Single, widowed, married, divorced Single  
7. Birth date of deceased: Jan 3 1944  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
1 1 2 hr. min.

9. Birthplace St. Louis Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business \_\_\_\_\_

12. Name Cephas Whitmore  
13. Birthplace Millageville Ohio  
(City, town, or county) (State or foreign country)  
14. Maiden name Rosa Wilson  
15. Birthplace Nettleton Ark  
(City, town, or county) (State or foreign country)

16. (a) Informant Cephas Whitmore  
(b) Address 2312 So. 10th St. St. Louis

17. (a) Burial St. Matthews Cem. St. Louis, Mo.  
(Burial, cremation, or removal) (b) Date thereof 2/10/45  
(Month) (Day) (Year)  
(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director J. F. Brudeck  
(b) Address 2301 Lafayette Ave., St. Louis, Mo.

19. (a) FEB 9 1945 (Date received local Registrar)  
J. F. Brudeck (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Feb. day 8th  
year 1945 hour 2:45 minute P. M.  
21. I hereby certify that I attended the deceased from 2/3/45  
19\_\_\_\_ to 2/8/45 19\_\_\_\_  
that I last saw h. or alive on 2/8/45 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions 108  
(Include pregnancy within 3 months of death)

PHYSICIAN  
Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

23. Signature C. S. Walker (M. D. or other) M.D.  
Address 1515 Lafayette Date signed 2/8/45  
While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
..... *Not Embalmed* ....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**